

Termination (End) of Supervision

A.R.S. § 32-2534 (H) Within thirty days after an employer terminates the employment of a physician assistant, the supervising physician and the physician assistant shall submit a written report to the board that provides the date of termination and the reasons for the termination. The physician assistant shall not work as a physician assistant until the board approves another supervising physician.

Effective date of Termination:_____

Physician Assistant:

Name:_____ **PA License #**_____
(Last, First)

Supervising Physician:

Name:_____ **MD/DO License #**_____
(Last, First)

Reason(s) for termination:

Signature:

Physician Assistant

Date

Supervising Physician

Date

Form can be faxed to 480-551-2704 or sent by mail to: Arizona Regulatory Board of Physician Assistants
9545 E. Doubletree Ranch Road
Scottsdale, AZ 85258